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"NEC TENUI PENNĀ."

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ASTHENOPIA, ITS CAUSATION AND
TREATMENT.

BY GEO. P. HALL, M.D.

In this paper, the scope of which is necessarily limited, I could not hope to treat the above subject in any very analytical way; hence my remarks will represent merely an outline thereof.

In touching upon the subject of asthenopia I do so in the hope that its importance and relative frequency may claim the attention and interest it deserves. There are three forms—the retinal, the muscular, and the accommodative—but I shall remark on the last named only. It is true the muscular and accommodative forms are often so intimately co-associated that there is no practical distinction to be made between them, and they must of course be treated together; but many cases occur in which, according to recognized tests, the muscular equilibrium must be considered good, yet the eyes are more or less asthenopic. Asthenopia is apparently much oftener met with now than formerly. This may be because it was not so readily recognized previous to the discovery of the ophthalmoscope; but its increase is, to say the least, the concomitant, if not the effect of our modern civilization. Asthenopia was formerly thought to be some grave organic nerve-disease, and previous to the brilliant discoveries of the ophthalmoscopic era by Helmholtz, Donders, Graefe, etc., it was actually treated as incipient amaurosis, by means of blisters, seatons, irritants, mercury, and low diet. Well may we admire then the *vis medicatrix naturæ* which enabled those cases that did recover to do so in spite of ill treatment.

Accommodative asthenopia is that condition of the eye in which the accommodative muscle tires readily or is unable to keep up

any prolonged effort. Patients thus affected are often laughed at by their friends for complaining so loudly when their eyes present such a healthy external appearance. In describing the symptoms I can do no better than employ the graphic description of Dr. Agnew,* who says, "If you, wishing to avoid leading questions, ask them to tell you in the fewest possible words why they seek advice, they will probably answer in some one of the following phrases: 'My eyes are weak; they burn; they blur; they give out; they water and feel badly on sewing, reading, or writing; they swell up or twitch; they become troublesome on use, and cause my head to ache; they make me dizzy; they give me pain in my back; they nauseate me; the eyes become dry, are sensitive to light; there are floating specs; the eyelids become red and stick together in the morning; I can not use my eyes much at night or when I feel bodily fatigue.'" Many of these cases can not stand the least work, even five minutes sufficing to bring on the distressing symptoms.

The causation of this affection is attributed to a number of agencies. Any thing producing an impairment of the general health or in any way lowering the general tone of the body, may be set down as a predisposing cause. Errors of refraction constitute a powerful predisposing cause, while overwork is generally the agent which precipitates the attack; and by overwork is not meant any great amount of work necessarily, for what will break down one eye will often be pleasantly borne by another. In the way of work the eye is a much-abused organ. Pale, cachectic individuals suffering from malnutrition superinduced by dyspeptic ailments and their unhealthful mode of life, producing weak, irritable hearts, flabby muscles, and shattered nervous organizations, withal expect to work their eyes *ad libitum*.

* Report of Fifth International Ophthalmological Congress, 1876.

The fact is that the strength of the eye-muscles corresponds pretty closely to that of the other muscles of the body; and if the latter will not bear much work, the former can not be expected, as a rule, to bear proportionally more.

The laity are perhaps more ignorant than they should be of the eye; not that they are expected to understand its anatomical conformation or the scientific principles of optics, but more of a knowledge of the functions of the eye, its use and abuse, should be taught in our school-systems. People should be brought to understand the important effect good and bad eyesight produces on the training, character, and whole future life of every individual. They should at least learn not to overtask their eyes, nor to disregard the warnings of nature when she informs them, in language peculiar and emphatic, that the eyes are tired and need rest. We would naturally expect to find asthenopia oftener among students than any other class, and such, I believe, is the fact.

Astigmatism and hyperopia are peculiarly apt to cause accommodative asthenopia. Why this should be true of hyperopia we can readily understand by remembering the unnaturally short antero-posterior diameter of the hyperopic globe. In the oversighted eye we may say that distinct vision never occurs at any distance save by an extra expenditure of force upon the part of the ciliary muscle, while in the normal eye distinct vision at a distance obtains with that muscle in repose. Is it, then, any wonder that the oversighted eye under prolonged use, and often abuse, should break down? Some hyperopic eyes nevertheless are as strong and as good for all practical purposes as a normal one. The reason is that in an individual with good health and muscular development the ciliary muscle of the short eye becomes gymnastically trained and is actually stronger than that of the normal eye, as is shown by its greater accommodative range. In the normal eye asthenopia is generally caused by overwork associated with impaired health.

Uterine disturbances form in the female a prolific source of asthenopia; nor is special treatment here of much avail until the uterine disturbance has been thoroughly looked after. The most stubborn cases I have yet encountered belong to this class, and not infrequently have I seen the most moderate use of the eyes of a lying-in-patient result in asthenopia of several months' duration.

As regards prognosis and treatment, few affections with which the ophthalmologist has to deal are more troublesome to him or annoying to his patient than the one under consideration; and a successful issue in its more difficult phases frequently depends on the unflinching energy and the scrupulous nicety of detail with which the treatment is prosecuted. In some cases, it is true, we may make a brilliant stroke and relieve the difficulty at once by the judicious selection of lenses, but often we meet with those troublesome, obstinate cases which demand for their relief the most skillful combination and disposition of the forces involved in sanitary regulation, hygienic management, and general medicine, in addition to what may be of an ophthalmic or special nature. Again I quote from Dr. Agnew, as he wisely remarks: "The observer must also be posted as to his own ignorance, and know when to call in other observers to throw new light upon the case."

In the treatment of asthenopia the first step, of course, is to eliminate the cause, if possible. We should interrogate the different organs of the body, and treat them as their needs require. We should look especially after the digestion and assimilation, or, in other words, see if our patients are good tissue-builders, and, if they are not, teach them to become so. We seldom forget to see if the kidneys perform their functions properly, but not infrequently pass by unnoticed their chief assistant, the skin. This is a mistake that is more than apt to react on him who commits it, and I fear it is too often committed in our warm climate. We all know that the skin has important physiological relationships existing between it and every other part of the body, so if its duties are improperly performed the onus falls on some other organ and perhaps helps to cripple it. A very good plan, upon first rising in the morning, is to slap and dry-rub the entire surface of the body with "hair mittens and strap." This may be repeated at least four times a week, and should be followed occasionally by a sponge-bath at a pleasant temperature, say 75° or 80° F. From these baths the patient should always react promptly, and immediately afterward should be briskly rubbed with a fluffy Turkish towel until the skin is thoroughly dry and a sense of warmth and glow is felt. An occasional Turkish or Russian bath will be found to assist matters materially. Under-clothing should be frequently changed, and what is worn during the day should

never be used at night. In these cases it is also often necessary to place our patients upon a more or less strict dietetic regimen, and a very good way to begin is by demolishing the frying-pan. The best dietary is one composed of coarse, farinaceous foods, as oatmeal, cracked wheat, grits, corn bread, beans, and peas. Fruits are valuable and milk is almost indispensable. Beef and mutton are the best of meats, and I think many Texans would do their stomachs as well as themselves a positive kindness to eat less fat bacon, especially during the heated term. Pastries may be omitted with benefit; indeed Da Costa says that "pie is the great American dyspeptic agent." Plenty of pleasant, invigorating, open-air exercise should be enjoined, always avoiding fatigue.

We now come to what special measures are needful in these cases, and the first is rest. Stop all work which puts any strain on the eye, and occasionally, if the health is at par, relief will follow.

In the severer cases and in ametropic eyes perfect rest can not always be secured, even by cessation of ordinary work. Here we have a charming and potential agent in atropia. Two drops of a four-grain solution of the neutral sulphate may be dropped into the eyes three or four times daily, and, if necessary, continued for weeks. Under its use the aches, pains, and burning sensations promptly disappear, and patients often discontinue it feeling as if the compulsory rest had given them a new pair of eyes. This agent, however, is not without hazard, and its effects should be closely watched, as in some instances, happily not frequent, it has been known to give rise to serious organic lesions. Smoked or blue glasses should be worn during its use. In ametropic eyes our cases should be studied. Near-sighted eyes are a study in themselves, and we will pass them by, as they are generally complicated with weak interni. In many of these latter cases the ciliary muscle is weakened, only partially developed, or too little used to become fatigued. Regular astigmatism of either kind will, as a rule, bear full correction by glasses. In hyperopia we will have to be guided by the age of the patient, range of accommodation, and the degree of focal error. Some oculists never correct lower than $\frac{1}{8}$, but I am convinced that as weak a glass as $\frac{1}{8}$ will at times be of great benefit. I have recently met with a case* in which a $+\frac{1}{4}$ with a $+\frac{1}{8}$ cy enabled a gentleman to work well, without which he could not work.

* Reported in N. Y. Med. Record, April 15, 1882.

In hypermetropia we often have to pursue a course of graduated exercise of the eye by means of proper glasses. This is a part of what is known as Dyer's plan, so called after Dr. Ezra Dyer, of Philadelphia, who introduced it into use. It is done in this way: A suitable pair of glasses having been selected, the medical attendant learns the exact length of time his patient can read therewith short of fatigue. He notes this time as so many minutes, directs the reading to be repeated three or four times during the day, as the case will bear, at regular intervals. In the interims the eyes are not to be worked; while on each succeeding day he adds a few minutes to the preceding day's work. The length of the readings are thus to be gradually and cautiously increased until the eyes can work comfortably for a reasonable length of time. This is merely a graduated training of the eye muscles up to a healthy standard. This plan is valuable in normal-eyed asthenopes, but the glasses should be weak convexes, say from $\frac{1}{8}$ to $\frac{1}{4}$. Occasionally an eye is met with that will bear no glass; still the muscle may be trained successfully by the same method. In this way much can be accomplished even in the worst cases; but we must also be careful not to put too much work on the muscle, lest we break it down again.

Dr. O. D. Pomeroy* mentions such a case occurring in the practice of another gentleman, of a delicate, sensitive girl who was brought to read from three minutes up to one and a half hours three times daily, but who, in consequence of over-training, broke down again and had to begin anew. For reading purposes alone spectacles are much superior to eye-glasses. The latter are more apt to be incorrectly centered, giving thus a more or less prismatic power, and compel the reader to bend the neck more; then the back generally bends, the shoulders stoop and the chest sinks in. This produces more or less embarrassment in respiration and return circulation which, if continued, causes an over-fullness of the intra-cranial and intraocular vessels, which may result in something more serious than itself. In ordering spectacles for reading I usually order the arms of the frames tilted at an angle of about 80° , which tends to obviate any necessity for stooping. In reading, even with strong eyes, it is well to rest the eyes every half hour, which is not only grateful to them, but enables them to work longer. No one should read in the recumbent posi-

* New York Medical Record, September 11 and 18, 1880.

tion, nor in railway carriages while in motion. For night work the student lamp gives the best of all lights. The chimney or shade might have a light blue tint, the blue neutralizing in part the orange rays, which are regarded as being most irritating to the eye.

GALVESTON, TEX.

A CASE OF CANCER OF THE GALL-BLADDER.

BY M. MULOT.*

Louise Chapelle, aged sixty-five, admitted to Hospital Beaujon, February 4, 1882, service of Dr. Millard. Her history gave no evidence of antecedent diathesis of any kind. She had passed through twelve pregnancies, six reached full term, the other six did not. Her menses were regular up to her fiftieth year, when they ceased. She was never seriously ill. All at once, however, about three years ago, she had a rather severe attack of bronchitis, which continued for a rather long while, and was followed by digestive troubles. During the last six months, especially, her digestive functions have been performed with great difficulty. She has become much emaciated during the last six weeks. Almost every morning she vomits a glairy fluid, but no alimentary substances. This stage of the disease set in with a sensation of weight in the epigastrium and pains in the loins, which symptoms continued at the time of admission. It was only two days before that the presence of an abdominal tumor had been made out by her physician.

Feb. 4. The patient was quite pale and the skin had a yellowish tint. On palpation a tumor about the size of two fists could be felt occupying almost the whole right hypochondriac region. It was not painful, but hard, and the surface seemed somewhat uneven. It was situated below the false ribs. It was movable and apparently attached to the inferior surface of the liver. It rose and fell with the movements of respiration. There was no cardiac or pulmonary complication. The urine contained neither albumen nor sugar.

Feb. 11. Profuse diarrhea for two days.

Feb. 13. A blister applied over the tumor, which up to this time had been free from pain but now became painful.

Feb. 17. Tumor was softer, and there is

less tenderness under pressure. Patient's general condition remained unchanged, except that she was more feeble and had no desire for food.

Feb. 20. Appetite diminishing; the bowels regular during the last few days.

On the 22d of February she vomited several times, and had diarrhea. The tumor remained without change.

Feb. 24. The patient complained of having coughed a good deal during the preceding night; auscultation revealed a few bronchial râles posteriorly; diarrhea still very free; digestion still bad. She daily vomited glairy mucus, especially in the morning, and her weakness was extreme.

Feb. 26. Although she complained of a harassing cough, there was no expectoration and nothing could be heard on examining the chest. The diarrhea still persisted.

On the 28th of February diarrhea had ceased, but vomiting continued. She complained of sleeplessness for several nights. Morphine administered.

March 1. Vomiting had occurred with more than usual frequency during the past night. Ejecta consisted of glairy mucus and small pieces of coagulated milk.

March 5. There had been no vomiting for twenty-four hours. Patient somewhat less exhausted and more cheerful.

This improvement lasted until the morning of March 8th, when she suddenly died, without any one in the ward being aware of it at the time.

Autopsy held the following day. The lungs were somewhat emphysematous at the base and along the anterior border, there were marks of former pleurisy.

The heart was flaccid and covered with a thick layer of fat. Its muscular tissue was in a state of fatty degeneration. There were plaques of atheroma on the aortic and mitral valves; along the free border were a number of hard yellowish granulations. No insufficiency at the aortic orifice. The aorta atheromatous.

The kidneys were the seat of interstitial nephritis; the capsule adherent, on removing it the surface of both kidneys was found to be granular, the cortical substance thin. On the convex border of the right kidney were two cysts the size of a hazel-nut. A cyst of the same size occupied the upper extremity of the left kidney.

The spleen was normal.

The liver was of normal size. That part of the organ connected with the gall-bladder projected below the last rib on the right side.

*Translated by Professor J. A. OCTERLONY, from *Le Progrès Medical*.

It was separated from the rest of the liver by a depression corresponding to the last rib, and apparently due to the action of the corset. It was this enlargement of the liver intimately connected with the gall-bladder which during life had been felt in the right hypochondriac region. It had the size of two fists. The apex of the gall-bladder and the cystic duct were easily separated from the liver. But the fundus was intimately united to adjacent liver-tissue, forming with it a hard and irregular tumor.

On cutting into this tumor from above, downward and backward, a thin layer of hepatic tissue was first reached; then we came to the tumor, of white color, of rather firm resistance, rounded in outline, softened at the center which was composed of a caseous pulp. In the midst of this mass were forty-one biliary calculi, each about the size of a large pea, and having several facets. The fundus of the gall-bladder formed the inferior portion of the tumor. At this point the walls had undergone considerable change, but at the apex they were perfectly normal. The cystic duct was normal. The structure of the tumor was evidently cancerous. There were no other cancerous foci in the liver, nor was there any cancerous deposit in the digestive tract or in the genital organs.

It was, then, a case of *primary cancer of the gall-bladder* involving the neighboring parenchyma of the liver.

Miscellany.

FORMER MORTALITY AT SEA.—Until comparatively recent years, the more vivid dangers of ocean travel completely overshadowed those dependent upon the neglect of sanitary precautions. (British Medical Journal.) The hygiene of passenger ships was looked upon as an impossible and unnecessary study. From the report of Lords Carlisle, Ashley, and others, presented to Parliament in 1849, we learn "that when the system of transportation was first adopted, in some of the eastern voyages *fully one half of those embarked were lost*," while, later on, the loss of from *thirty to forty per cent* was by no means unusual, nor was it even looked upon as either surprising or disgraceful.

December 7, 1853, the U. S. Senate appointed a select committee to consider the causes and extent of the sickness and mor-

tality prevailing on board the emigrant ships on the voyage to this country. The report of this committee shows that, during the last four months of 1853, 312 vessels arrived at New York with 36,950 passengers. On these vessels 1,933 passengers had died at sea, while 457 were sent to the hospitals on landing, there, in all probability, to terminate their miserable existence. Then, for the first time, the propriety of employing regular physicians and nurses and hospital assistants on board of passenger ships became a matter for serious consideration.

That 2,518 deaths should occur among 1,563,644 passengers to New York during the ten years ending December, 1880, or 185 among the 315,850 persons who, during last year, embarked upon English ships for North America, may appear comparatively insignificant, were it not that there are many cogent reasons why the death-rate among these people should be most exceptionally small. They are *a priori* a healthy and a hopeful people, else we may fairly assume that the majority would never leave the certainties of home to face the unknown difficulties of a foreign land. Among emigrants one seldom sees an aged person, and but one fifth are under twelve years of age, and one third females. They are all subject at embarkation to three distinct medical examinations, and passed as healthy. In fact, a majority of emigrants to America are healthy adult males, of whom but an infinitesimal proportion would be likely to die within eight or ten days, unless subjected to extreme hardship; while among the balance of women and children there seems no legitimate reason why the mortality should much exceed the ordinary death-rate of the same class living on land. When therefore we find that the death-rate among transatlantic emigrants at least equals the average mortality among all classes of the stationary population, we see that even now there is among passengers a much larger amount of sickness and a far higher mortality than is justified by the necessities of transit.

[If it be true, as is stated, that the pay of ship surgeons is not only less than that of a second and third engineer, and less even than the ship's stewards, it is not likely that the ship's surgeons are very competent men. First-class vessels certainly should employ first-class medical men. These officers should receive a worthy salary and should be allowed to charge regular fees to the cabin passengers. Now they serve the passengers gratuitously, but expect a present of

some shillings or guineas, like the ship's servants who empty the slops and black the boots.]

THE QUINTESSENCE OF ABSURDITY.—A novel dress has recently been exhibited at the rooms of the National Health Society, Berners Street, London, says the Medical Times and Gazette, intended for the protection of sanitary visitors, nurses, and others who have to enter the apartments of persons suffering from infectious diseases. The garment is of mackintosh, glazed inside and out, and made completely to envelope the wearer, with a hood to cover the head. Only the hands and face remain exposed—a matter considered of little importance, as these can be easily washed with disinfectants. A not less important object proposed to be effected by the use of this dress is, that by its removal when the wearer leaves the sick-room the clothes which have been protected need not be changed, and the danger of the disease being carried from house to house or communicated to susceptible people in public vehicles is obviated. A tight case for the fever-dress to be inclosed in is part of the invention. At the end of the day, or as often as may be convenient, the dress can be cleansed with disinfectants. Further protection is given by a simple form of respirator, which is made of two folds of thin washing-net, between which is placed a layer of medicated cotton-wool, through which the wearer can breathe, though no germs can pass. After use, the wool is burnt and the net washed.

GEN. WOLSELEY ON ALCOHOL IN THE BRITISH ARMY.—Replying to a deputation of the Blackburn Temperance Mission at the residence of Major-General Fielden on the 18th inst., he said that he had always employed the opportunities afforded him to impress the necessity of temperance on those under his command. In the Red River Expedition, against the advice even of the medical men who accompanied the troops, he decided that no spirituous liquors should be taken with the force; and yet no men ever did harder work or behaved better than those on that expedition. In South Africa his personal body-guard consisted almost exclusively of temperance men; and there too the doctors, who had predicted all manner of ills from the absence of grog, had absolutely nothing to do. In Egypt, again, the doctors told him that it was very necessary the

men should have grog, and he was obliged, owing to the great pressure put on him, to allow it occasionally; but it was given in very small quantities and rarely, and yet the troops in Egypt were admirable in their behavior. He had long held that drink was the great source of crime, disobedience, and other evils in the army.

GENIUS, TALENT, AND INDUSTRY.—Mr. Richard W. Giles, in a most delightful address published in the Weekly Drug News and American Pharmacist, February 10th, thus concludes. We have seen no definition of genius and talent so correct:

"I will try to illustrate in a somewhat allegorical form the respective characteristics of genius. Genius is a living organism, instinct with its own life, performing its appointed functions spontaneously, as of necessity.

"Talent is an elaborate engine, skillfully devised to move many wheels and to perform divers works, but wanting the motive power.

"Industry is the motive power."

FAITH AND FUNDS.—The "Faith Cure" Establishment of Buffalo, N. Y., has been broken up by reason of lack of funds. The inference is unavoidable that the power of faith may be equal to such a trivial work as the cure of disease, but is not equal to the more arduous task of raising a sufficient supply of money to keep the institution in operation.—*British Medical Journal*.

COFFEE SAID TO BE DESTRUCTIVE.—Drs. Ribeiro Guimaraes and Raposo, of Brazil, have just concluded a series of experiments which prove, contrary to the long-fixed belief, that coffee is an agent of waste or consumption, and not a moderator of organic assimilation and separation, writes a correspondent in the Medical Times and Gazette. They show that under the use of coffee a much greater supply of albuminous food is necessary.

THE LOUISVILLE MEDICAL NEWS has been increased to sixteen pages, and is now one of the best of our weeklies, especially since it has captured one of our editors, Dr. Ockerlony, and made him a frequent contributor to its pages.—*The Physician and Surgeon*.

UNWISE.—The decree by virtue of which the retirement of college professors in France has been enforced on their attaining the age of sixty-five has been abrogated.

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LUNSFORD P. YANDELL, M.D., - - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

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THE DISASTER AT ALBANY.

Our readers are indebted to our esteemed friend, Prof. W. T. Plant, M.D., of Syracuse, N. Y., for the excellent report in another column of the action of the State Society of New York upon its new Code of Ethics. Our correspondent is one of the most judicious and conservative, as well as one of the most accomplished physicians of the Empire State, and gives a faithful account, without comment, of the proceedings of the recent session at Albany.

After a year's deliberation, during which time forty of the sixty component county societies of the State absolutely condemned the new code, the society has affirmed its approval of it. Besides placing itself in opposition to the expressed sentiments of its county societies, which are composed for the most part of general practitioners, the New York State Medical Society severs its connection as a society with the American Medical Association, and repudiates the cherished principles of the entire medical profession of the United States. By this action it is attempted to remove all barriers. The new code virtually declares that any one who may assume the title of physician, whether he be educated or not, whether he be electrician, homeopathist, clairvoyant, midwife, cancer-doctor, mesmerist, physio-

botanist, or what not, is a worthy associate of the members of the New York State Medical Society, and that such charlatans and impostors are to be met in the worthy fellowship of consultation, and thereby indorsed before the community as chosen and worthy associates. All this too in matters which involve the responsibilities of the life, health, or death of the patient.

The lay press, seeing only an apparent liberality, applauds this action. This will be the view of many intelligent individuals. Yet, if the New York specialists should succeed in breaking down those division lines which separate scientific medicine and medical quackery, the public will be the greatest sufferer. So completely were the proceedings of the society controlled by certain specialists that the Medical Record, the organ and advocate of the new code, is disgusted, and remarks editorially: "If a stranger had dropped in at any time during the sessions he could very justly conclude that the Medical Society of the State of New York was specially interested in but two things, either the study of diseases of the eye and ear, or the merits of the question of freedom in consultations." Indeed, in looking over the several accounts of the proceedings we can see no place where the modest, well-informed, practical all-round medical man took any conspicuous part in the proceedings. The blatant specialist was on hand, and made himself loud on the management of the eye, ear, throat and skin, and advocated, as a modern improvement worthy of advancing science, liberty in the selection of professional associates.

Among those who stood up for the honor and dignity of the profession were Drs. J. C. Hutchison and E. R. Squibb of Brooklyn, Rochester of Buffalo, Didama of Syracuse, and J. W. S. Gouley of New York City. A protest against a departure from the honored teachings of the Code of the American Medical Association, signed by one hundred and two fellows of the society and headed by such names as Alonzo Clark, Austin Flint,

and Frank H. Hamilton, was presented, but to no purpose. These gentlemen were not present and hence could not vote. Dr. Lewis A. Sayre was confined to his bed by sickness, and hence could not be present.

The disaster at Albany is due to a cause which has carried many ignoble measures in our State and municipal affairs, viz., a reluctance on the part of our ablest scientific men, who otherwise mould professional sentiment, to engage in heated controversial discussions. The meeting at Albany was not representative. The leaders of medical opinion and the acknowledged scientific authorities in New York should have been in person at Albany. The one hundred and two who protested in writing should have protested by so many votes. It remains to be seen whether the forty of the sixty county medical societies of the Empire State, together with that substantial and distinguished element represented at Albany by petition, will accept the situation, or establish, as has been suggested, a new State society and place themselves in affiliation with the profession of the whole country.

One can not but be amused at the frequent allusions of the "new-code" champions to the interference of outsiders, meaning the expressed opinion of the profession through its accustomed channels upon a question involving professional character and conduct. Our New York friends of unsurpassed liberality in consultations exhibit a devotion to the doctrine of State rights which is as sublime as it is ridiculous.

THE KENTUCKY STATE BOARD OF HEALTH. Since our recent comments on this organization, its secretary has made two public demonstrations—an address on the importance of sanitary regulations, and the publication in the daily press of the rules of the National Board of Health relating to disinfection. We have much pleasure in noting these evidences of lingering vitality, and

hope that we may soon be permitted to announce that the board will engage in labors more advanced, and that it will undertake some systematic work of more solidity and of more practical value to the public.

THE DIVINE ORIGIN OF COWPOX.—The *Lancet* copies the following impromptu verse from a London secular paper:

When Io's charms had amorous Jove estrang'd,
Saturnia to a cow her rival chang'd;
Then Venus cried, "The beauty you deface
Shall shield the beauties of a future race;
Her favored offspring shall from earth remove
The direst foe of beauty, life, and love!"

Ancient mythology is as mixed and uncertain in its history as modern theology is in its theories, but the erudite and versatile Mr. Punch, who is seldom wrong on any point, tells us "Io—dide of potash." We should like to ask Mr. Punch, Did Io—dine on potash and die of a surfeit of this salt, or did she take it for lethal purposes, or did she get a toxic dose of it while seeking relief in it from tertiary troubles?

Any thing relating to the goddess Io, the fair white heifer from whose lovely udder vaccine came, according to the verse above quoted, is of interest.

CO-EDUCATION does not seem to prosper at the Kingston (Canada) Medical School. The female students took offense at some remarks of the Professor of Physiology made in the course of the lecture, and left the hall in a body. The male students protested against the admission of women to the lectures, and the Board of Governors has decided that after the present session women will not be admitted to the institution.

DR. B. W. RICHARDSON, one of London's great men, declared in a recent address that he had never seen a healthy child, nor one that had not in it either some ancestral or latent constitutional disease.

Bibliography.

How We ought to Live; A Practical Guide, written in plain, intelligible language, for the Preservation of Health and the Attainment of Longevity; Designed to Enable All so to Live that they may reach Old Age in Health and Comfort. By JOSEPH F. EDWARDS, A.M., M.D., author of *How a Person Threatened or Afflicted with Bright's Disease Ought to Live, Dyspepsia and How to Avoid it, Constipation Relieved without the Use of Drugs, Malaria, Vaccination, and Assistant Editor Medical and Surgical Reporter.* Philadelphia: H. C. Watts Co. 1882.

We have received from T. W. McClintock, publisher, 448 West Main Street, Louisville, Ky., this portly and imposing volume of more than six hundred pages. The author is favorably known as assistant editor of the *Medical and Surgical Reporter*, as well as the author of a number of books and brochures on medical subjects popularly treated. The work is divided as follows: Introductory—The Human Body—What is Life? and General Rules for its Prolongation; How to Care for Infants; How to Care for Children at Home; How School Children Ought to Live; Our Houses and Grounds; How to Build and Arrange them; Drainage; Ventilation, Air, and Respiration; How we Ought to Work; How we Ought to Eat—Care of the Bowels—Water; How to Exercise; Bathing; Sleep; Dress; Why we Ought Not to Use Tobacco; Why we Ought Not to Use Alcohol; How to Avoid Disease; How Aged Persons Ought to Live; How a Consumptive Ought to Live; How a Person with Heart-disease Ought to Live; How a Pregnant Woman Ought to Live; How a Nursing Woman Ought to Live; Hints for Good Nursing; Correspondence of Aged Men; A Retrospect of the Work.

How We ought to Live is attractively written, and abounds in useful information. Both the profession and the laity may read it with pleasure and advantage. It deserves success.

Scrofula and its Gland Diseases. An Introduction to the General Pathology of Scrofula, with an account of the Histology, Diagnosis, and Treatment of its Glandular Affections. By FREDERICK TREVES, F.R.C.S. Eng. Philadelphia: Henry C. Lea's Son & Co. 1883.

A brochure of seventy-seven pages by a scholarly writer and an earnest student of medicine. The intricate subject of scrofula is elaborately and faithfully discussed, and the author has compiled, in a condensed form, a large part of what is known, as well

as much that has been surmised concerning this morbid condition. But Mr. Treves has not succeeded in adding any valuable information to our unsatisfactory knowledge, nor has he made clear the dark passages nor smoothed the rough ways of this tortuous and multiform malady. This is his definition of scrofula:

I would define scrofula as a tendency in the individual to inflammations of a peculiar type, the distinctive features of such inflammations being as follows: They are usually chronic, apt to be induced by very slight irritation, and to persist after the irritation that induced them has disappeared. The exudations in those processes are remarkable for their cellular character and for the large size of some of these elements. Such exudations also show remarkable tendency to resist absorption and to linger in the tissues, the affected area becoming rapidly non-vascular. Among the common products of these inflammations are giant cells, and, if a certain stage of the process be reached, tubercles. The tendency of the process is to degenerate, not to organize, and the degeneration usually takes the form of caseation. At the same time these inflammations have a tendency to extend locally and infect adjacent parts, and their products present certain peculiar properties when inoculated upon animals. Lastly, a great feature of all these processes is this: They tend to commence in and to most persistently involve lymphatic tissue, an implication of this tissue being a conspicuous feature in every case of scrofulous disease.

The tendency to this peculiar form of inflammation may be called, if so wished, a diathesis, or, more definitely, the scrofulous diathesis.

Four and a half pages besides are occupied by an unsuccessful effort to make this definition clear.

The paper and print are poor, but the price is proportionately low, and any one interested in the subject, and having ten cents and several hours to spare, will find Mr. Treves's essay a good investment.

Water Analysis, a Handbook for Water Drinkers. By G. L. AUSTIN, M.D. Boston: Lee & Shepard. 1883.

This is a neat little book of forty-eight pages, in which questions relative to drinking-waters, with the readiest means for the detection of their impurities, are discussed without waste of words. Such evidences of pollution as water may present to sight or smell are clearly set forth, and the chemical tests for mineral and organic impurities are, in the main, simple and practical; but nevertheless the work savors too much of technical chemistry and laboratory manipulation to be understood by the laity, for whom especially it seems to have been prepared.

The physician, however, will find it much to his taste, since it gives him many suggestions which he will find of real service in passing judgment upon the waters drunk by those who look to him for counsel in one of the most important sanitary questions of the day.

Dr. Frankland's conclusions as to what must be considered polluted water, and a table of analyses by prominent chemists, which shows the amount of sewage in the waters consumed by the inhabitants of London, Eng., and fifteen of our large American cities, are especially interesting features of the work.

Bacteria and their Presence in Syphilitic Secretions. By ROBERT B. MORRISON, M.D., Baltimore.

This is a reprint from the Maryland Medical Journal of January 1, 1883. Dr. Morrison gives briefly the clinical history of fifteen cases of syphilis attending the clinic of Prof. Neumann in Vienna. In the secretion from the papule or chancre he was always able to demonstrate a peculiar bacterium. His method was as follows: The secretion was removed with a needle, which had been heated redhot, and spread on a cover-glass, which had also been heated, or the glass was placed directly on the sore. After drying, the cover is gently heated over a flame, dipped in acetic acid, and then in alcohol. It is then dried and stained either in methylene blue or, better, by Ehrlich's method. In using Ehrlich's method a weaker acid was used—nitric acid, one part, distilled water, six parts. The bacteria are small, cylindrical rods, generally crowded together in groups. The same bacteria were found in the tissues of chancres and papules. A bacterium was also found in the secretions from chancroids, but entirely different in appearance from that found in chancres.

Dr. Morrison wisely does not jump at the conclusion that these bacteria cause syphilis, as he has made no cultivation or inoculation.

Two plates accompany the article, showing the bacteria (although we would say *bacilli*) in the secretions from chancre and chancroids.

J. B. M.

A CASE of cirrhosis of the liver in a child aged three and a fourth years was shown by Dr. H. R. Hutton at a late meeting of the Manchester Medical Society, England.

Correspondence.

NEW YORK STATE MEDICAL SOCIETY.

Editors Louisville Medical News:

The annual meeting of the New York State Medical Society was convened in this city yesterday, and will be continued through to-day and to-morrow.

The president, Dr. Harvey Jewett, of Canandaigua, opened with an incisive and well-delivered address.

Dr. William Manlius Smith, of Syracuse, modest and erudite, filled the secretary's chair.

From the very outset it was evident that the subject uppermost in the mind of every member was "the code." By vote, this subject was made the special order for last evening's session.

The hour came. By 7.45 all the seats in the commodious Agricultural Hall were occupied by delegates, permanent members, members of the profession at large, students of the Albany Medical School, and many others.

The following resolutions were offered by the distinguished, silver-haired, and silver-tongued E. R. Squibb, M.D., of Brooklyn:

Whereas, The special committee on the Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than of a revision, and therefore may be more radical than was expected or desired by the constituency of this society; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance, in a direction which may not have been anticipated or desired by the profession at large; therefore be it

Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the code to stand as it was before such action was taken.

Resolved, That a new special committee of five be nominated by the nominating committee of the society, and be appointed by the society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the code that may be deemed advisable.

Resolved, That the report of this committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

Following the reading of these resolutions, the house promptly resolved itself into a committee of the whole. Dr. Alexander Hutchins, of Brooklyn, a skilled parliamentarian, was called to the chair, and presided throughout the evening.

The battle once begun, hot shot were almost continuously thrown by the great guns of either side. The advocates of "new code" or "no code" were led by the versatile St. John Roosa, aided by Drs. Piffard and Agnew, of New York, Dr. Hopkins, of Erie County, and other lieutenants of equal ability.

By these gentlemen it was contended that the Medical Society of the Empire State is supreme—self-created and self-existent—with power to control and coerce the action of the county societies below it and without organic connection with the National Association other than that of fraternal fellowship; that the American Medical Association is "a sleepy, sluggish organization, still retaining the ideas of 1840, the year of its organization;" that its Code of Ethics is in conflict with State law, which holds all graduates of schools chartered by this State to be legally qualified practitioners; and that an attempt, by society rule, to prevent consultations with any and all physicians, known to the law as such, is an unwarrantable and unjust interference with personal rights. Their case was well and strongly put, and showed most careful preparation.

The other army, led by Dr. Squibb, with such aids as Dr. Didama, of Syracuse, Dr. Rochester, of Buffalo, Dr. Gouley, of New York, and Dr. Seymour, of Troy, made a valiant fight, but was obliged to succumb to a better organized and an outnumbering force. In vain it was contended with earnest eloquence that this society ought in fairness to give respectful heed to the protests of forty of the sixty counties of the State, and to the opinions of medical organizations and medical men the world over; that an abrogation of, or a change in the Code of Ethics, if good for us, would be quite as good for all men every where, and should be attempted to be secured by instructing our delegates to present the views of the society to the National Association; that our late action in regard to consultations had given new heart to quackery, and pain to all right-minded physicians.

Dr. Didama, of Syracuse, made a lengthy address, in which he expressed his high respect for the American Medical Association, and defended its action in refusing admission to its delegates from this society. The repeal of the code severed all connection with that association. This action was taken by fifty-three men out of the three or four thousand in New York. Those in favor were influenced by a few prominent specialists,

who clamored that they did not themselves wish to consult with irregulars, but they most nestly desired that others might have the privilege.

Dr. Rochester asked that the subject be considered from a common-sense standpoint. He denied that the abolition of the code of the American Medical Association was demanded by humanity or progress. He said it was an advance backward. He said that the American Medical Association had been denounced on this floor as a junketing, Rip Van Winkle Association. He claimed that it contained the best men in the profession from every State in the Union, New York included. He is a permanent member of both associations, but would rather give up his membership in this society than in the national.

Dr. Gouley offered the following substitute for Dr. Elsberg's motion, which the chair decided was virtually stating again the resolution of Dr. Squibb in other words:

Resolved, That when this committee rises it shall report to the association in favor of repealing the new code enacted by this society in 1882.

Dr. Gouley appealed from the decision of the chair.

Dr. Vander Poel said that this was begging the action of the society, as it was attempting to bind the society by a majority vote to what really requires a two-thirds vote to be adopted.

Dr. C. R. Agnew read a carefully prepared argument, in which he claimed that in adopting the new code the society had merely put itself in accord with the laws of the State, which clearly recognized the existence of other classes of practitioners of medicine. "The man," he said, "whom the State has pronounced to be a legally constituted practitioner you can not disfranchise. Repeal the new code, and you put this society in opposition to the policy of the State, and you attempt to coerce this society into an attitude which no thinking man outside our profession would take."

After considerable confusion Dr. Seymour, of Troy, got the floor and made a spirited speech, after which he read a telegram received from Dr. Lewis A. Sayre, stating that he was confined to bed by sickness, and denying the charge made at the morning session.

Dr. J. C. Hutchison, of Brooklyn, presented a memorial as follows:

The undersigned, members of the New York County Medical Society, hereby express their belief that it is unwise to abandon the code of medical ethics instituted by the American Medical Asso-

ciation in 1847. That any modification that may be advisable should be made by the body in which the code originated, representing, as this body does, the medical profession of the United States; and that we are therefore in favor of rescinding the action respecting the code taken by the New York State Medical Society at the annual meeting in 1882. Signed: Alonzo Clark, Austin Flint, Frank H. Hamilton, and others.

There were one hundred and two signatures, and Dr. Hutchison stated that many more could have been obtained had it been started earlier.

Dr. J. G. Adams, of New York, read the following protest:

As a delegate from the New York Academy of Medicine, I beg leave to record my protest against the recent action of the society of the State of New York in regard to the Code of Ethics, and I charge that the society, by its action in this matter, has assumed an attitude and adopted a policy in direct and open hostility to the honor as well as the best interests of the medical profession. Signed: J. G. Adams.

It was all in vain; for when, at 11 P.M., after a long evening of animated but not angry debate, the ayes and nays were called, the resolutions of Dr. Squibb were declared defeated by a vote of ninety-nine to one hundred and five.

Thus the revolutionary code adopted last year stands at least for another year. Whether it stands longer than that we shall see. I do not think myself that the vote of last evening represents the true sentiment of the majority of the profession of the State. Unquestionably it does that of the great cities of New York and Brooklyn, though from the former city was sent an adverse petition signed by one hundred and twenty names, many of them being the most distinguished in the State.

I have no doubt that the feeling of most of the specialists throughout the State is in accord with last evening's vote. But I am much mistaken if the majority of general practitioners of the State at large, very many of whom were not present last evening either in person or by representation, do not feel themselves outraged by this action.

One thing is certain, they have a vigilant and wily foe to meet, and if they succeed next year in again planting their feet on the old code and in placing themselves in renewed harmony with the American Medical Association, it will only be by organizing their forces and getting them into the field next February; not as heretofore, by rocking themselves to sleep with the lazy lullaby, "Our cause, it is just!"

WM. T. PLANT.

ALBANY, N. Y., Feb. 7, 1883.

SOME PECULIARITIES IN THE ANATOMY OF THE OPOSSUM (*DIDELPHUS VIRGINIANA*).

[We have much pleasure in publishing the following contribution to comparative anatomy from one of the most accomplished physicians of the South. The observations here recorded were made from original dissections by the author in 1872, and the results forwarded to Mr. Charles Darwin. The great naturalist and philosopher received them with numerous complimentary expressions, and stated that he would utilize Dr. Porcher's work when occasion offered. These observations are now published for the first time.—Eds.]

Editors Louisville Medical News:

In examining into the habits, structure, growth, and development of the opossum I noticed that a change took place in the relative length of their fore and hind legs from infancy to maturity. The fore legs of the young opossum, while it is in the pouch and dependent on the mother for nourishment, are much longer than the hind legs. This is apparently owing to the use it makes of the fore legs in pressing on the milk-glands. Afterward the reverse takes place, and the hind legs become the longer, to suit the changed wants and condition of the animal's life.

I have made numerous dissections of this animal. I need not invite your attention to the muscles (which, I think, are also described by Tyson in the Philadelphia Transactions), which serve to support the great weight of eight or nine young when concealed in the maternal pouch. These muscles are attached (I think) to a prolongation of the pelvic bones, which constitute a portion of the spinal column, an arrangement which tends to increase the strength of parts on which great demands are made.

The discovery of this pair of muscles was original with me, but in reading Tyson's paper afterward I think he also knew of their existence. These could scarcely have been placed there without design, unless we may suppose that continual dragging of the young or "use" developed them. However, their existence is, I think, quite interesting. I do not know if their analogues exist in other animals not marsupial.

I found the muscles when trying to ascertain if the young did not have a permanent existence in the pouch before the fetus had been detected by Dr. Bachman in the uterus, and before I had read Mr. Owen's work.

Neither need I refer to the fact that the mouths of young opossums are closed by a membrane at the junction of the jaws until the jaws become permanently open, when the young no longer require to enjoy the faculty of sticking on to the teats and be carried about.

There are many peculiarities connected with the *Didelphus Virginiana* which render that animal of great interest to the student of natural history. Believing that many interested in these subjects are among the readers of your journal, and desiring to place on record these observations, I forward them to you. To many they will seem superfluous; to some, I hope, they will be interesting.

Very truly yours,
F. PEYRE PORCHER, M.D.
CHARLESTON, S. C.

Selections.

THE BACILLUS MALARIE.—No further attempts were made last autumn in the *post-mortem* rooms at the Santo Spirito Hospital, or in the pathological laboratory, by the present professor of morbid anatomy, Dr. Marchiafava, to settle the still undecided question of the existence of a specific bacillus malarie. (British Medical Journal.) It will be remembered that Professor Tommasi-Crudeli and Klebs made their first researches on the air and soil of notedly malarial localities, exposing the latter to a series of artificial cultivations in appropriate media in the laboratory, and thus isolating the micro-organism, and which they figured and described as the bacillus malarie. They then tested their discovery by noting the effects of the injections of liquids thus carefully prepared, and containing the bacilli, into rabbits. A micro-organism, similar in appearance to that to which they gave the name of bacillus malarie, was soon afterward found by Marchiafava in the spleen, medullary canals, blood and lymph of patients who had died of "perniciosa" in the Santo Spirito Hospital. But injections of the blood of fever patients into the trachea and peritoneal cavities of dogs gave only indecisive results. Further, it was shown that the blood of patients with malarial attacks contained no bacilli when the fever was at its height, or in the remission stage; although numerous spores were then seen which, when cultivated, developed into rod-like bodies, resembling in all respects the bacillus described by Tommasi-Crudeli and Klebs. On the other hand, when examinations of the blood of such patients were made during the cold stage, true spore-bearing bacilli were frequently, though not invariably, found. Thus the matter rests at

present, obviously still *sub judice*. In the meantime, Professor Tommasi-Crudeli proposes to try the effect of injecting the bacillus cultivation in the same way as formerly, in soil taken from a malarial locality, into rabbits which have been subjected to a prolonged treatment by arsenic, to find out whether the animals thus treated offer any resistance to the action of what he regards as the specific malarial virus. He has often maintained that if arsenic were thus given to those exposed to malarial influences it would act as an effectual prophylactic; and the subject is one of much importance in reference to the colonization and cultivation of the Campagna, or other malarial districts.

GELSEMINUM IN TETANUS.—During the year 1875 Dr. Spratly (says Dr. Wm. Carter, of Liverpool, in the British Medical Journal) communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus successfully treated by gelseminum, the doses of the drug being very large, and the effect in each case eminently satisfactory. One of these cases, which, by Dr. Spratly's courtesy, I had an opportunity of seeing, was very severe.

AN EPIDEMIC OF DIPHTHERIA FROM INFECTED MILK.—Dr. Morell Mackenzie has favored us with the following note of a severe but limited epidemic of diphtheria now raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk-supply. (British Medical Journal.) Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance the facts appear to be conclusive. Fifteen persons were attacked on a single day, the disease in every case being a typical example of what French writers call *diphthérie d'emblée*. All the patients received their milk from the same vender, and no other case occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, up to the present time the whole of the Church End District of Hendon is drained by an open ditch into the Brent, and this ditch passes slightly

above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park District, every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because it was thought "it looked bad." These two were the only houses in the Tenterden Park District which altogether escaped infection.

THE NUTRITIVE PROPERTIES OF RICE.—The increase in the consumption of rice has lately attracted the attention of men of science in Germany, and an attempt has been made by Professor Voit to discover the relative capacity which various forms of nourishment possess of being incorporated into the system. (*Lancet*.) He gives this table of the percentage which remains in the body, and of that which leaves it:

	Percentage Incorporated.	Percentage which is not Retained.
Meat	96.7	3.3
Rice	96.1	3.9
Eggs	94.8	5.2
White bread	94.4	5.6
Maize	93.3	6.7
Potatoes	90.7	9.3
Milk	88.9	11.1
Black bread	88.5	11.5

According to these results meat and rice leave the smallest residuum, and occasion the smallest amount of exertion in digestion, and introduce the minimum quantity of ballast into the human frame. Dr. König, of Münster, considers that large masses of people living on rice is easily accounted for, and in summing up the information Professor Voit remarks that potatoes, consumed in excessive quantity, make the blood watery, and the muscles weak. The question of the relative nutritive value of rice and potatoes has been investigated by Dr. König, who says that, if similar quantities of both articles are compared, the former possesses four times the nutritive value of the latter. The introduction of rice as a substitute for potatoes is facilitated by the fact that no such variation takes place in its quality as does with the potato, which is liable to be materially influenced by unfavorable weather.

LEFT-SIDE PAIN.—At a late meeting of the Academy of Medicine in Ireland, Dr. Wallace Beatty read a paper (we extract this synopsis from the *Lancet*) on the Causation of Left-side Pain, drawing special attention to a form not sufficiently recognized, which

was due to a fecal accumulation, and removed by getting rid of the accumulation. The pain was felt over the lower few ribs on the left side, was associated with extreme tenderness on pressure upward of the tenth or eleventh rib, scarcely any pain being left on pressure of these ribs downward, and was relieved when the side was pressed inward with the flat of the hand. He explained its occurrence by the drag of a loaded colon on the pleuro-colic ligament; this constant drag setting up a state of extreme irritability in the nerves of that ligament, so that a painful impression was carried upward along the lesser splanchnic nerve to the spinal cord, and was transferred by the law of irradiation of sensations to the tenth and eleventh left intercostal nerves. Dr. Walter Smith said the pleuro-colic fold had not received the attention it deserved. It certainly was of considerable importance in the investigation of abdominal disease. Dr. Beatty's arguments were valid as explaining certain kinds of left-side pain, but did not explain all kinds. Dr. Wallace Beatty did not wish it understood that he considered left-side pain was caused in every instance by fecal accumulation, but only in cases presenting the symptoms he had mentioned.

NATIVE MIDWIFERY IN RANGOON.—The following case, which occurred in my practice, illustrates the barbarous custom among the Burmese in accouchment. (Dr. James C. Ady, of Rangoon, in the *British Medical Journal*.) November 25th, I was called to the accouchment of a woman at Dallah. I found the woman much exhausted, and in labor-pains. I was told she was in strong pains for the past four days. On examination I found a tight band encircling the body above the umbilicus. It was with great difficulty that I got it removed. Examining by the vagina, I found the os dilated to the size of a shilling. I used manual dilatation and ergot, and ruptured the membranes, and rapidly brought the head down on the perineum. As the woman wished to attend to the call of nature, I retired, and on returning found the woman again tightly bound up. As I could not get the people to remove the bandage, I told them to give her a little rest, and retired to the next room. Hearing noise and commotion, I entered the room, and witnessed for an instant the process of stamping the child out. Several women were arranged alongside the woman, and one jumped on the body, and stamped vigor-

ously on the abdomen; the woman's legs were apart, and several women were watching the effect, and made an exclamation in chorus each time the head protruded from the vagina, amidst the shrieks of agony of the poor victim. In the short time I witnessed this, I saw the perineum was ruptured to the anus. I caught hold of the woman and swung her off, when the next woman jumped on. I removed her also, when a third took her place. They were so excited that they were more maniacs than sane people. When I found I could do nothing with them, I walked out. In spite of such treatment the woman is living, but far from well.

NEW REMEDY FOR SYPHILIS.—Professor Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. (Medical Times and Gazette.) The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration, and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole

of a Pravaz syringe (a one-per-cent watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

MOVABLE KIDNEYS.—Mr. Egerton C. A. Baines, in British Medical Journal of January 13th: In the British Medical Journal of November 18th Mr. Lawson Tait stated he had never seen a floating kidney, either in life or in a museum. He can now see a specimen, containing also a calculus, which I have recently given to the museum of the Royal Berks Hospital, Reading. The particulars of the case are as follows: S. B., aged sixty-seven, had suffered from albuminuria for several years. Six months ago she consulted me about a tumor, which she said both she and her daughter could move from "front to back." Upon examination I found a floating kidney lying close to the right anterior superior spine of the ilium, and I could readily replace it to its proper position. It had never caused her the least pain or inconvenience. On November 17th she died after a few days' illness from pneumonia. On November 19th I made a post-mortem examination in the presence of a pupil of my partner and our assistant. I found the kidney that could be moved several inches without detaching it. On section it presented the following appearances: The kidney structure had entirely disappeared; in its place was a sacculated cavity. The pelvis of the kidney was occupied by a calculus, weighing four drams, shaped like a map of Italy. The left kidney was enlarged and congested.

TREATMENT OF INTERNAL HEMORRHOIDS. The following case coming under the above heading aptly proves the use of its subsequent treatment: J. F., aged sixty. I found him suffering from internal piles with prolapsus ani and severe hemorrhage on defecation, or even on walking. He had given up all work. I prescribed the ordinary remedies for three weeks; but as it was quite useless, and the man became so weak from the pain and loss of blood, and the prolapsed bowel, with its congested mucous tissue, so difficult to return, I determined upon the following: I applied a ligature steeped in carbolic oil to the base of a large hemorrhoid, and touched the surrounding vascular membrane with nitric acid, anointed the parts with simple lard, and then with firm pressure replaced the bowel. I kept

him on fluid nourishment, with opiates occasionally for a time, and in a month he was about again in good health.—*Mr. T. Wells Hubbard in British Medical Journal.*

THE MORTALITY REFERABLE TO ALCOHOL.—A long and carefully prepared report recently made by a committee of the Harveian Society concludes: "There is reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars: A fourfold increase in the deaths from diseases of the liver and chylopoietic viscera; a twofold increase in the deaths from disease of the kidney; a decrease of half as much again in those from heart disease; a marked increase in those from pneumonia and pleurisy; a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility, etc., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.—*Brit. Med. Jour.*

REMOVAL OF THE GALL-BLADDER.—Prof. Langenbeck, of Berlin (*Klin. Wochen.*), has recently removed the gall-bladder for the relief of a chronic case of gall stones. An incision was made along the outer border of the right rectus muscle and another at right angles to it, corresponding with the inferior border of the liver. The abdomen was opened, a ligature put on the cystic duct and the gall bladder dissected out. The patient made an uninterrupted recovery.—*Canada Lancet.*

[Two cases of hepatotomy for hydatids are reported by Dr. J. Knowsley Thornton in the Medical Times and Gazette of January 27th. Fifty per cent recovered is the statistical way of stating the result now common].

A CASE of abscess discharging at the umbilicus in an infant is reported by Dr. Stickney, of Holden, Mass., in the Boston Medical and Surgical Journal. We have seen two similar cases in young negroes. As in this instance, death closed the scene.

PROF. JACCOUD asserts that there is no satisfactory proof of the existence of a specific form of bacterium for every form of infectious disease. Bacteria are only bearers of infection, as a fly may become the bearer of small-pox. Bacteria, which are morphologically the same, and appear to be identical, may convey diphtheria, small-pox, or nothing at all, according to their source; and so, also, the intensity or malignancy of the disease conveyed will depend, not upon the specific character of the bacterium, but upon the source from which it came.—*The Medical Gazette.*

THE ACTUAL CAUTERY IN THE TREATMENT OF CORNEAL ULCERATION, ETC.—Mr. Simeon Snell, M.R.C.S., in the British Medical Journal, commends this method. Mr. Snell is surgeon to a blind asylum, and to the eyes of these unfortunates this treatment may do no harm; but it is to be hoped it may not become fashionable thus to treat other eyes. Oculists are too free with their destructive agents, and have far too little faith in the conservative tendencies and powers of nature.

BILLROTH ON EMPYEMA.—In a late issue of the *Wien. Med. Woch.*, Billroth is reported as saying that it is his impression that, notwithstanding the alleged more favorable course of cases of empyema treated antiseptically, yet the occurrence of complications in the form of infective pericarditis and peritonitis is not prevented, and further, that the final results of operation for empyema are really not more favorable than before the introduction of Listerism.

COMPLETE ABSENCE OF LEFT KIDNEY AND SUPRARENAL CAPSULE: RUDIMENTARY LEFT LOBE OF LIVER, ETC.—Mr. Gubbin exhibited at the Sheffield Medico-chirurgical Society, England, December 21st, this specimen from a man, aged twenty-four, in the Sheffield public hospital, where, on November 16th, he was admitted for anemia, following a severe attack of hematemesis; the vomiting of blood recurred several times, and he died at the end of a fortnight.

TUBERCULOSIS OF THE FALLOPIAN TUBES. Dr. Justus Schramm, of Dresden, lately contributed to the *Archiv für Gynäkologie* a short paper on the above subject. Out of three thousand three hundred and eighty-six autopsies upon women he found this condition present in about one per cent.